SO 301-01

APPLICATION FOR RECORDS RETENTION SCHEDULE

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date 02-23-84	State Merit System 200 Piedmont Avenue Suite 512 Atlanta, Georgia 30334	**Application Number** 84-56
Application Number 84-01	Health Ins. Div., Eligibility Unit	**Date Received** MAR 1 1984 **Date Completed** SEP 1 0 1984

2. Person to Contact	Working Title	Telephone Number
Betty Ann Hall	Administrative Specialist	656-6322

3. Action Requested

a. ☒ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☐ Amend Application No. _____ Check One: ☐ Change; ☐ Supercede; ☐ Void

4. Dates of Series		5. Records Series Title *(followed by title used in office; if different)*
Earliest	**Latest**	
March 82	Current	Health Benefit Forms Transmittal Batches

6. Division and Office Function   What is the function of the Division and the Office in which this record series is created?

The State Health Benefit Plan provides health benefit coverage for 130,000 State employees, teachers and eligible members of the Employees and Teachers Retirement System.

The Eligibility Unit of the Plan determines the eligibility of all applications and dependents and coordinates the entry of all information into the Membership Enrollment Management Computer System. These records are then reported to the appropriate contractor who provides health benefit coverage for the employee and eligible dependents.

7. Record Series Description   This file contains the following documents *(include form numbers and titles, if any)*: Attach samples of the file.

Documents relating to: Entering data into the computer concerning Initial enrollment and subsequent changes in coverage or dependent information for members of The State Health Benefit Plan.

Included are:

MS 66-010 Forms Transmittal Sheet   MS 66-002 Change Form

MS 66-001 Enrollment Form

m Payroll Location 14710 which w

1983.

File is arranged: Numerically by payroll location; Chronologically by month/year.

8. Monthly Reference Rate   How often are records referred to which are:

One to six months old 25 ; Seven to twelve months old 1 ; Thirteen to twenty-four months old 1 ; twenty-five months and older 0 ?

9. Annual Rate of Accumulation of Records

Letter-size drawers 16 ; Legal-size drawers _____ ; Shelves _____ ; Other *(specify)* _____

AR-60-71; Rev. 76   (Over)

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
N	A	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? Individual payroll location in personnel file
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

11. Retention Requirements   The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	1 years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excert of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions   This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other __Calendar Month__ then,

☒ Hold in the current files area __12__ month(s) _____ year(s); then
☐ Transfer to local holding area; hold _____ year(s); then
☐ Transfer to State Records Center; hold _____ year(s); then
☒ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Chuck E Stein	2/27/84	Jean Strickland	2/22/84

Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Records Committee (Signature)		Date
	State Auditor/Designee	_signature_	9/15/84
	Secretary of State/Designee	Edward Weldon	8/10/84
	Attorney General/Designee	_signature_	8/7/84